FOR STATE HEALTH DEPT. lecessary, Department after death.

MARYLAND STATE DEPARTMENT OF DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON MEDICAL EVALUATION MARYLAND STATE DEPARTMENT OF HEALTH STREET, BALTIMORE 1, MARYLAND 08519

				,	
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	

1.	PLACE OF DEATH e. COUNTY				2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY						
	Che	estertown K	ent Co.	Mary 1 a MARYI	LANO	Man	cyland	d corporate limits, wr	quee	n Anne	et town)
	b. CITY OR TOW Write RURAL	N (if outside corporate and give nearest tow	te limits,	c. LENGTH OF STAY	IN 1b					a give neare	ist town)
C				4 4 hours	1	Grasonvi	[1]e(rural), Ma	ryland	17-	
	d. NAME OF HO	SPITAL OR INSTITUTIO	N (If not In h	ospital, give street ac	ddress)	d. STREET AOORES	S			e. IS RE	SIOENCE FARM?
	Kent &	Queen Annes								YES 🗌	но П
3.	NAME OF DECEASED	FI	rst	Middle		Last	01				ear
	(Type or print)			ARRISON		OULDIN	DE	eath June	26		66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	8 X	. OATE OF BIRTH		9. AGE (In years lest birthday)		EAR IF UNDE	
M	ale	colored	WIOOWED	OIVORCE	D	ec 4km hBbl		60 yrs.			
10a	USUAL OCCUPAT	ION (Give kind of work ing life, even if retire	done 10b.	KINO OF BUSINESS OR		11. BIRTHPLACE	(Stete or 1	foreign country)	12. CITI	ZEN OF WHA	T
	Laborer	ing mo, even in recite		ilding Cons	tr.	Queen Ar	nnes	County	USA		
	FATHER'S NAM	IE				14. MOTHER'S MA					
		Levi B	ouldin			Man	rv El	izabeth Co	oper		
15	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16	. SOCIAL SECURITY NO	. 17.	INFORMANT		Addre	_		
(Ye	es, no, or unkown)	(If yes give war or dates o	f service)	17-14-7001	H	ospital Re	cords	. Chestert	own. Mo	1.	
-	10 OSHET DE	DEATH FERTER ONLY ON	a causa par	line for (a), (b), and (c	3.7					NTERVAL B	ETWEEN
	PART I. DI	EATH WAS CAUSED BY	: M. 1 +	iple severe	4	ornal iniu	riec	to chest	(about	ONSET AND	OLLTS)
	020	IMMEDIATE CAUSE	(a) MULL	mobile acci	June	ernar Inju.	ries	e of Andor	Car Car	S acce	Pin
	8000	,	TO ADDO	mobile acci	dent	at inters	ecrio	II OI MIGEL	SOIL COL	, Her a	200-
	Conditions, if		(b) der	Hill roads,	1.0	m. nrth Ch	ren H	II. Md. De	ceased	was a	pas
	cause (a), s	tating the OUE		er in a car							a in
	underlying caus	se last. abo	at an	hour. Accid	ent	investigat	ed by	Tr 1/C Wm	Hurle	19. WAS A	IITOPEV
ION	PART II. OTHER	SIGNIFICANT CONDITION	ONSCONTRIB	UTING TO DEATH BUT N	OTRELA	TEO TO THE TERMINA	FOISEASE	COMOTTON GIVEN IN	TANT 1(a)	PERFO	RMED?
CAI										YES	NO X
CERTIFICATION	20a. EXTERNA	L CAUSE WAS CONTRIBUTING TH.	20bS	DESCRIBE HOW INJU	RY OCCU	RREO. (Enter nature	of Injury	In Part I or Part II	of Item 18.)		
CER				above							
	20c. TIME OF	INJURY Month, Day,	Year 20d.	INJURY OCCURRED	20e. PLA	CE OF INJURY (Home, ry, street, office bldg.	farm, 20	Of. (City or town)	(Count	y)	(State)
MEDICAL	3:10 ur X	mJune 25 19	66 While	Not While	Tacto	ry, street, omcabidg.		Church Hi	11		Md.
Σ				mains described ab	ove hei	d an Autonsy			Jiry 🗆 .	and in my	opinion
				Accident X		cide . Homi		. Undetermined		7	
	death result	ted Holli: Matura	Lauses _	, Accident Pr	, oui	CHIEF MEOIC		_		_	
	ACTUAL /	Da Vol) ~ ~			A A O LOTT A ST				22. DATE	SIGNED
	SIGNATURE	KINNIN	Tool			M.O. ASSISTANT N			Torre	26	1066
	EXAMINER'S			C. 2011				town, or county)	June	e 26,	T300
22.	BURIAL, CRE	Robert W. F	arr. M	D. Chester	Lown	OR CREMATORY		LOCATION (CITY.	own of coun	rylan	State)
	REMOVAL (Sp		7-1-1-	Police	inie	PEMETER	il A	A JCAXIVILLE	MICEN	AINIF	Ma.
1	SUNERAL OIR	SATOR 6-07	-60	ADDRESS	NS	25a.	C'O BY	REGISTRAR 25b.	EGISTRAR'S	SIGNATURE	1-1-0
24	ONERAL OIR	. 2 11/2	1:01	1. 60	- (laced . IIIN	130		carley !	udge	
1	XC/LC	1 D.VCCA	Mell	Gual	RIL	PCT DATE!	00	1000	-	0	

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TO DEPUTY MEDICA

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 Ladirector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State of Health or its designated agent, prior to burial, cremation, or removal, and in any event within (72 mours)

- Capping Brounds Inch

To the state of th

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John T. M. Sowetter Mr. who, Cheeter will have

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Similared , N. Mary all resonant

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STREET FOREST H. Farry H. U. Camprey town

THE PORT OF THE WAR STANDERS CONTROL OF SECURIOR STANDARDS Fr6 19-1021- 130 ME 101 - 121/1 1012 1

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MELETINETE LEN

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	08530			CERTIFICA	ATE OF	DEATH			0852	()
	PLACE OF DEATH o. COUNTY Kent			MARYLANI	0.	JAL RESIDENCE (V STATE Maryland	Where deceosed lived,	if institution: Resi b. COUNTY Kent	dence before odn	nission)
	b. CITY OR TOWN (f outside corporate limit	s,	c. LENGTH OF STAY IN 16			tside corporote limits,		give neorest tow	n)
	Chestert	give neorest town)		6 days		Worton			14-1	/
(d. NAME OF HOSPITA	AL OR INSTITUTION (If no	ot in hospitol,	give street oddress)	d. STF	EET ADDRESS			e. IS I	RESIDENCE A FARM?
	Kent & (Queen Anne'	s Hosp	ital		Noned			YES	NO NO
	NAME OF DECEASED	Fi	rst	Middle		Lost	4. DATE OF	Month	Doy	Year
((Type or print)	W	ashing			Bover	DEATH	6	9	19 66
S. S	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE	OF BIRTH	9. AGE (In lost bir			NDER 24 HRS.
	Male	Negro	WIDOWED	DIVORCED [6/2	6/93	72	yrs.	15 0045 110	UIS MIII.
10o. duri	ng most of working	(Give kind of work done life, even if retired) Farm Hand		IND OF BUSINESS OR IDUSTRY			& Stote, or foreign coun		COUNTRY?	AT .
13.	FATHER'S NAME	raim mand	1		14. M	OTHER'S MAIDEN	Maryland NAME		0.5.	
		Thomas Boy	er		E	mily Lou	ise Brigh			
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. INFORM.	ANT	TOC DILEGII	Address		
(Ye	s, no, or unknown) No	(If yes give wor or dotes of	of service)	14-32-5957T	Hoen	ital Rec	ordo	Chasta	rtown, 1	4.2
NO	Conditions, if ony, rise to immediat stating the under last.	e cause (o), lying couse	(b) Y (l) TO (c)	Coloure TO DEATH BUT NOT RELATED	TO THE TERM	dinal disease con	Muyocar Deory DITION GIVEN IN FAR	deal of 1(0)	PERF	AUTOPSY ORMED?
CERTIFICATION		SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205. DI	ESCRIBE HOW INJURY OCCUR	RED. (Enter n	oture of injury in	Port I or Port II of ite	m 18.)	YES _	NO NO
MEDICAL	20c. TIME OF INJU Hour o.r p.r	10	20d. I While of wor	NJURY OCCURRED 20e		JURY (Home, form t, office bldg., etc.)		town)	(County)	(Stote)
	21. I certi	fy that (1) (this hos	pital) atten	ded the deceased troi	n 6/	3 , 1	9_66, to	6/9	19 <u>66</u> , that (I) (we) los
	saw the d	eceosed alive on_	6/9/	6619, and	that deat	occurred at				ated obav
	22o. SIGNATURE	tary 1	R	988	M.D. PH		DIRECTOR P	AFF 22b	DATE SIGNED	5
	22c. PHYSICIAŃ'Ś NAME (Type)	Dr. Harry	P. Ros	s	22	d. ADDRESS Cheste	rtown, Ma			
	BURIAL, CREMATIC REMOVAL (Specify FUNERAL DIRECTO	6/13	EREOF 6	FOUNTAIN ADDRESS		n.	23d. LOCATION (INCAR.) A	City or Town) **X N C - J. A. **ASS REGISTRAR	KENT.	(Stote) Md-
4	2 CARACTO	Ot Nolla	Ches	stertown, 1	Md.	DATION	1 1 4 1966	filla	res Jud	1ks

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filled with the State Dept. of Health prior ta burial, crematian, or remayal, and it any event, within 72 hours after death.

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	a de Charles		
Planet	Chestorrows Mar		PARTY DE CHAPTE P.
	Laham (12)		

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death 24 hours after death. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY a STATE completely filled in by the f ve carbon papers. Pages 1 event, within 72 hours after b. CITY OR TOWN (If outside corporate limits, MARYLANO c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) completely filled in 0 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AOORESS executed within attending physician and completely rmit. Then please remove carbon n, or removal, and in any event, with 3. NAME OF Middle DATE Month First Last 4. DECEASED (Type or print) DEATH AGE (In years | IF UNDER 1 YEAR | Months | Days 6. COLOR OR RACE DATE OF BIR 5. SEX 9. 7. MARRIED NEVER MARRIED WIDOWED X DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY death certificate be FATHER'S NAME 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. 17. TO FUNERAL DIRECTOR: After this certificate has been signed by the attend director, page 3 should be detached for use as the burial-transit permit. should be filed with the State Dept. of Health prior to burial, cremation, or r (Yes, no, or unkown) (If yes give war or dates of service) 18. CAUSE DF DEATH [Enter only one cause per-line for (a), (b), and (c).] O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. Not While While at work at work p.m 19 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at saw the deceased alive on. SIGNATURE 222. ATTENOING STAFF DIRECTOR PHYS. M.D. PHYS. PHYSICIAN'S 22d_ADDRESS NAME (Type OATE THEREOF NAME OF CEMETER OR CREMATORY 23d BURIAL, CREMATION, 23b. 23c. REMOVAL (Specify) FUNERAL DIRECTOR 25a.

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 15M 4-64

e. IS RESIDENCE ON A FARM? NO X YES Day Year

19 66 IF UNDER 24 HRS

Hours 12. CITIZEN OF WHAT

INTERVAL BETWEE ONSET AND DEATH

> 119. WAS AUTOPSY

uniona

PERFORMED? NO F YES

(County) 20f. (City or town)

(State)

AM from the causes and on the date stated above.

DATE SIGNED

LOCATION (City, town or county)

(State)

REC'DE

ISTRAD'S SIGNATU

The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH
18522

	1. PLACE OF DEATH a. COUNTY			E (Where deceased lived,		ice before admission	1)
	Kent County, Mary	ONALVAND PUC	a. STATE		COUNTY		
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If	yland outside corporate limit	s, write RURAL and	give naarest towr	(1)
	R.F.D. Worton, Md.	Lifetime	R.F.D. W	orton, Mar	yland	14-1	_
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospi	tal, give street address)	d. STREET ADDRESS			e. IS RESIDENC ON A FARM?	E
	At Home					YES NO]
	3. NAME DF First DECEASED W.C. 2011	Middle	Lest	4. DATE /		y Year	
	(Type or print) Mary	A,	Demby	DEATH	6 4	13	-
	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In ye	ars IFUNDER 1 YE/		
	Female Colored WIDOWED F	DIVORCED	5/30/1890		8.		
3	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDU	OF BUSINESS OR STRY	11. BIRTHPLACE (St	ate or foreign country)	COUNT	RY?	
	Housewife		Maryla	nd	U.S.	A	_
	13. FATHER'S NAME		14. MOTHER'S MAID	EN NAME			
	William White		Catherin	e Swiggett			-
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	CIAL SECURITY NO. 17.	INFORMANT	A	Montelai	ver St.	
	No Y	SC	a therlyn	D.Booker	Mon (cla)	T, N.J.	=
1	18. CAUSE DF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY:	for (a), (b), and (c).]	i Cardiore	1- 0.	IN OI	TERVAL BETWEEN NSET AND DEATH	
1	1/ 0 1	no scenace	i Cardiore	iseway he	some u	nous	-
	9 2 2 / DUE TO				1 3 1 1		
1	Conditions, if eny, which gave rise to immediate (b)						
1	cause (e), steting the DUE TO						
1	underlying cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	IĞ TO DEATH BUT NOT BEL	ATED TO THE TERMINAL D	ISFASE CONDITION GIVE	NINPARTI(a) 11	. WAS AUTOPSY	=
1	OTAL MANAGEMENT OF THE	OT NOT WEE				PERFORMED?	٦
-	20a. EXTERNAL CAUSE WAS 20b. DES	CRIBE HOW INJURY OCC	URRED. (Enter nature of	injury in Part I or Part			7
	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.						
	0	énni	ACE OF INJURY (Home, fa ory, street, office bldg., a	rm, 20f. (City or tow	n) (County)	(State)	
	p.m. 19 While at work	Not While at work					
1	21. I certify that I took charge of the remain	s described above, he	eld an Autopsy 🔲,	Inspection X,	Inquiry 🔲, a	nd in my opinio	n
1	death resulted from: Natural causes 1,	Accident, St	uicide 🔲, Homicio	de 🔲, Undeterm	ined manner 🔲		
	ACTUAL ()1.17		CHIEF MEDICAL			22. DATE SIGNE	0
	SIGNATURE OF THE TOWN		IVI. D .	DICAL EXAMINER		4: -	
1	EXAMINER'S		DEPUTY MEDIC	al EXAMINER (Kent Coul	Lown Md	
	NAME (Type) Robert W. Farr	3c. NAME OF CEMETER		23d. LOCATION (CI	ty, town or county)	(Stata)	=
Í	REMOVAL (Spacify)	Union Ceme		R.F.D.Wo			
1	Burial 6/11/1966	ADDRESS		D BY REGISTRAR 251	. REGISTRAR'S SI	GNATURE	-
)		estertown	Md. PAUN	7 1966	Marles &	Judge.	
3	man want		UAIE		1	0	=

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	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
2532	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CERTIFICATE OF DEATH	118523

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY					
Kent MARYLANO	Maryland Kent					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
Chestertown 1 1/2 days	Worton /4 /					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADORESS e. IS RESIDENCE ON A FARM?					
Kent & Queen Anne's Hospital	None YES 🗶 NO 🗌					
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year					
(Type or print) Elizabeth Otillia	Deringer DEATH 6/ 14 19 66					
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.					
Female White WIDOWED DIVORCED	9/19/1893 Tast birthday) Months Days Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
Retired Register Nurse	Penna. US					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Rudolph Wille	Bertha Seckinger					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address					
(Yes, no, or unkown) (If yes give war or dates of service)	Unanital Boomen Chastorton Md					
No 218-20-8984	Hospital Records Chestertown, Md.					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1 PART I. OEATH WAS CAUSED BY:	ONSET AND DEATH					
IMMEDIATE CAUSE (a) Ulyrandral U	foret Thous					
4201 DUE TO						
Conditions, If any, which (b) Coronary and	James years					
gave rise to immediate cause (a), stating the OUE TO						
underlying cause last. (c) Control						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?					
CAT	YES NO A					
E 20a, ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCC	JRREO. (Enter nature of injury in Part I or Part II of Item 18.)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTION TO THE CON						
3 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PL	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)					
Hour a.m. p.m. 19 While Not While at work at work	ny, su cot, omod utug., oto./					
p.m. 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from	6/12 1966 to 6/14 , 1966 that (I) (we) last					
saw the deceased alive on 6/14 19.66. and that	t death occurred at 2. M, from the causes and on the date stated above.					
saw the deceased alive on 6/14 19 66, and tha	L COL CATE SIGNED					
	ATTENDING 220 MAN STAFF 220. DATE SIGNED					
22c. PHYSICIAN'S	D. PHYS. DIRECTOR PHYS. DIRECTOR PHYS.					
NAME (Type) Dr. A. C. Dick	Chestertown, Maryland					
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER						
REMOVAL (Specify)	BURY KENNEDYVILLE, MD.					
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
Minton M. Kenenedy STILL POND	MD, was all and					
outer the value of	POSEN 16 1966 flante Judge					

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	m, Mary Land		OF FAIR	12. A. C. Mak	

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY Kent o. STATE b. COUNTY MARYIAND Maryland Kent c. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)
Chestertown 24 days Rock Hall e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) Kent & Queen Anne's Hospital Rt. #1 YES NO X 4. DATE 3. NAME OF Middle Last Year Day DECEASED (Type ar print) Leatha Ellen Frazier DEATH 19 66 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH S. SEX 6. COLOR OR RACE NEVER MARRIED 7. MARRIED last birthday) Manths Days Hours 12/12/1891 WIDOWED DIVORCED Female White 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, ar fareign country) 10o. USUAL OCCUPATION (Give kind of work dane COUNTRY? during most of working life, even if retired)
Housewife INDUSTRY Kent Co., Maryland US 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Lemuel Edward Beck, Sr. Sarah Ellen Watson 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dotes af service) 220-52-7924 Hospital Records Chestertown, Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise ta immediate cause (a). DUF TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? FICATION NO N 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year foctory, street, office bldg., etc.) Hour a.m. Not While at wark at wark 21. I certify that (1) (this haspital) attended the deceased from_ 5/28 , 19 66 , to 6/21 19.66, that (I) (we) last ___M, fram causes and an the date stated above. 19.66, and that death occurred at saw the deceosed alive an 6/21 A.M. 22b. DATE SIGNED 22a. SIGNATURE PHYS. M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. H. P. Ross Chestertown, Maryland 23d LOCATION (City or Town) 230. BURIAL, CREMATION (Caunty) (State) REMOVAL (Specify)

2Sa. REC'D BY REGISTRAR

2Sb.

REGISTRAR'S SIGNATUR

24 haurs after death after ampletely filled in by the fore carban papers. Pages event, within 72 hours afte requires that the death certificate be executed within campletely remave e attending physician and compered in the please remave burial-transit cremat attending physician. signed | has been the priar ta be detached far use State Dept. af Health O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate 0 with the director, page shauld be filed VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR

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the forest and the first of the

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please emove carbon papers. Pages 1, and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
18525 00535

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: R	esidence before admission)
a. COUNTY Kent MARYLAND	a. STATE Maryland b. COUNTY	Kent
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
Chestertown adult life	Chestertown,	14-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Kent & Queen Anne Hospital (1 hr)		YES NO
3. NAME OF First Middle Gorsuch (Type or print) Earl DeFord Gorsuch	Last 4. DATE Month OF June 9,	1966 ₁₉ Year
7. MARKIED NEVER MARKIED	9. AGE (In years IFUNDER 9/13/1913 5agt birthday) Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.
male white widowed DIVORCED	yrs.	
during most of working life, even if retired) Laborer (Vita Food Cannery)	Baltomore City, Md. US	TIZEN OF WHAT UNTRY? A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
George W. Gorsuch	Elizabeth Ritmiller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
no (Tres, no, or unknown) (Tres give war or dates of services) 14 32 2429 Mrs	s. Clyde Robinson - Cheste	ertown, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	my ance	Lucias
Conditions, If any, which	de deserve	7
gave rise to Immediate	1 m march	•
cause (a), stating the underlying cause last.		
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of injury in Part I or Part II of Item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAI Hour a.m. While Not While factor at work at work	CE OF INJURY (Home, farm, ry, street, office bidg., etc.)	inty) (State)
21. I certify that (I) (this hospital) attended the deceased from	- (1966 to 6 - 9 196	6. that (I) (we) last
	death occurred at M, from the causes and on t	he date stated above.
22a. SIGNATURE	22b. D	ATE SIGNED
Oldick M.D). PHYS. PHYS. PHYS.	10/66
22c. PHYSICIAN'S A. C. Dick	Chestertown, Md.	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		
Burial 6/11/66 Chester Co		
24. FUNERAL DIRECTOR ADDRESS Chestertpwn	Md. DATE N 14 1966 Clark	17 4 . 6
1/	10001	

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		08536 CERTIFICA	ATE OF DEATH 08526
4 haurs after death in by the funeral ers. Pages 1 and-2 2 hours after death	1. [LACE OF DEATH . COUNTY Kent MARYLAN	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission). a. STATE b. COUNTY Pennsylvania
y the f Pages urs afte	ŀ	C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Chestertown 11 days	
24 hau ed in b ippers.	(i. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Kent & Queen Anne's Hospital	d. STREET ADDRESS 618 N. 25th Street Pennside 8. IS RESIDENCE ON A FARM? YES K NO
scuted within 24 h campletely filled in ove carban papers y event, within 72 h		NAME OF First Middle	Last 4. DATE Manth Day Year
d w letel arbo		Type or print) Charles Paul	Griffith DEATH & 6 22 666
executed with ind campletely remove carban n any event, wi	S. S	Male White WIDOWED NEVER MARRIED [8. DATE OF BIRTH 7/6/1894 9. AGE (In years last pirthday) 7 yrs. FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
te be ex ian and ase rem	10a. duri Re	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired) L. Milkman & Salesman	11. BIRTHPLACE (County & State, or foreign country) Pennsylvania 12. CITIZEN OF WHAT COUNTRY?
physician on please found and in		FATHER'S NAME Charles H. Griffith	14. MOTHER'S MAIDEN NAME Ellen N. Ehrgood
he death ce attending permit. The	(Ye	was Deceased Eyer IN U.S. ARMED FORCES? s, na, or unknown) (If yes give war ar dates of service) 170 ~ 07 - 203 Yes	7 Hospital Records Chestertown, Md.
that to an. by the transit cremat		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	trontorio INTERVAL BETWEEN ONSET AND DEATH
e law requires i tending physicio is been signed I as the burial-tr priar ta burial, c		Canditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.	the conditioned and desire somety cons
AN: The land or attenticate has tar use as Health prince	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	D TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO
The same of the sa	CERTIFICATION	20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter noture of injury in Port I or Port II of item 18.)
	MEDICAL	20c. TIME OF INJURY Manth, Day, Yeor Hour a.m. p.m. 19 20d. INJURY OCCURRED 20d. While at wark at wark	e. PLACE OF INJURY (Hame, farm, factory, street, office bldg., etc.) (City or town) (County) (State)
Aff Por		21 I certify that (1) (this hasnital) attended the deceased from	m_6-1, 1966, ta_6/7-2, 1966, that (I) (we) las I that death accurred at 6 M, fram causes and an the date stated abave
		220. SIGNATURE LEST WHOM	M.D. ATTENDING MED. DIRECTOR STAFF 22b. DATE SIGNED 6/22/66
		22c. PHYSICIAN'S ROBERT W. FARR	Chesterton, had,
TO HOSPITAL OR Page 4 may be r TO FUNERAL DIRE director, page 3 should be filed w			lls Memorial Reading, Pa. Execter Township
VR A15 (4) . 20 M 1/66	24	FUNERAL DIRECTOR Chestertown,	230. KEGISTKAK 3 SIGNATURE

ASSESSMENT OF THE PROPERTY OF 9 to M. 210h Stewar Committee The state of the s 11 forms & Easterman discount of the state of the st and the all promoned in the Colony should be stored to the said Reserved to the state of the st TO A COMPANY SEED OF THE TAR A SECURITION OF THE SAME AND A SECURITION OF

FOR STATE HEALTH DEPT.

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 185 Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO DEPUTY MEDI

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3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. O FUNERAL DIRECTOR: Page of Health or its designated AI5ME

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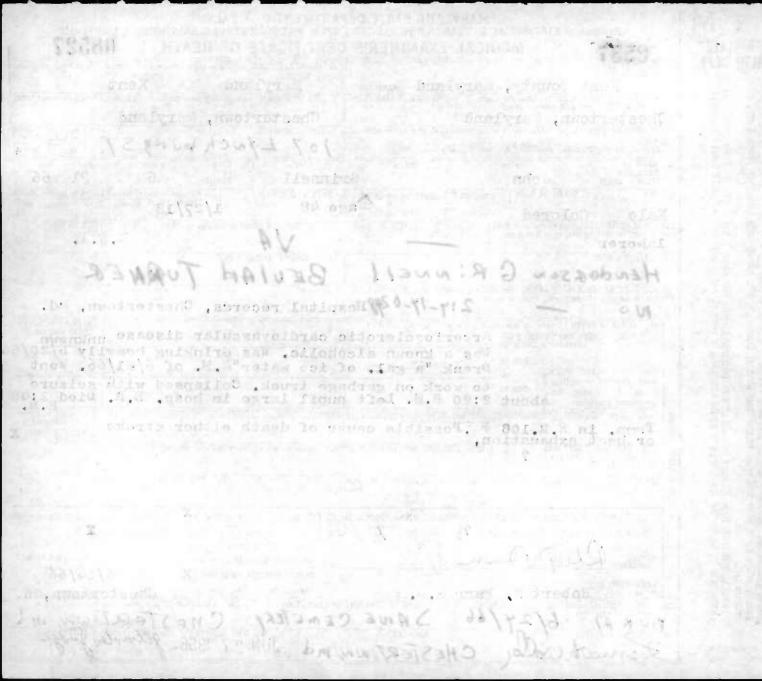
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

08	537	M	EDICAL	EXAMINER	SCERT	IFICAT	E OF D	EATH	(10	256	
1. PLACE a. COL	OF DEATH							ased lived, If ins		lence before	admission)
a. 000		t County,	. Mary	land MARYLAI	a. :	Mary]	and	b. cour	Cent		
b. CIT	TY OR TOWN	(If outside corporate and give nearest town	e limits.	C. LENGTH OF STAY IN	t 1b c. CITY	OR TOWN (I	outside corp	orate limits, wr	ite RURAL and	d give nea	rest town)
		own, Mary			C	hester	ctown.	Maryla	and	14	-/
d. NA	ME OF HOS	PITAL OR INSTITUTIO	N (if not in hos	pital, give street add		ET ADDRESS				e. IS F	RESIDENCE A FARM?
		een Anne's	s Hospi	tal	10	7 4	Tuch	burg	57.	YES	NO 4
3. NAME DECEA	OF ASED	Flr	st	Middle		ast	4. DATE	Month	1		Year
(Туре	or print)	John			Grinn		DEATH	6			966
5. SEX		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE		9.	AGE (In years last birthday)	Months Da		
Mal		Colored	WIDOWED [DIVORCED [1-/	yrs.			
during mo	LOCCUPATI st of working OPOT	ON (Give kind of work of ig life, even if retired	Jone 10b. Kin	ND OF BUSINESS OR DUSTRY	11. B	IRTHPLACE (S	state or forelg	n country)	U.S.	ZEN OF WI	HAT
13. FATH	IER'S NAME		3 0 .		14. M	THER'S MAIL	DEN NAME	-0 0		2	
HA	Ende	BSON (SKI	NNEIL	13	EVI	AH	1000	NEG	-	
15. WAS D	DECEASED E	VER IN U.S. ARMED FOR	RCES? 16. Se	OCIAL SECURITY NO.	17. INFORMA	177		Addres	\$\$		
N	0	(11) CS gifte was of dates of	21	4-14-048	Hospit	al red	cords,	Chest	ertown	a, Mo	i.
18. (CAUSE OF D	EATH [Enter only one	cause per lin	e for (a), (b), and (c).]							BETWEEN
	PART I. DE	TH WAS CAUSED BY:		riosclero						ONSET AN	wn
4	1221	DUE 1	Was	a known a	1coho1	ic. Wa	as dri	nking	heavi	Ly 6	120/6
		ny, which	(b) Dran	k "a gal.						5. We	ent
	rise to	DILE	to to w	ork on ga	rbage	truck	. Col1	apsed	with s	seizu	ure
under	rlying cause	last. abou	t 2:20	P.M. Lef	t pupi	1 1ar	ge in	hosp.	E.R.	Jied.	2:48 PM
S PART				ING TO DEATH BUT NOT	RELATED TO TH	IE TERMINAL I	DISEASE COND	ITION GIVEN IN	PART 1(a)	19. WAS	AUTOPSY FORMED?
Te	mp.	n E.R. 10	8 # .P	ossible c	ause o	f dea	th elt	ner st	roke	YES	NO X
20a.	EXTERNAL	CAUSE WAS	20b. DE	SCRIBE HOW INJURY	OCCURRED. (E	nter nature o	f Injury In Par	rt I or Part II o	of Item 18.)		
Territory 20a. PRIM. CAUS	E OF DEATH	CAUSE WAS CONTRIBUTING 17									
		NJURY Month, Day, Y		JURY OCCURRED 200	. PLACE OF IN	JURY (Home, f		City or town)	(County	1)	(State)
MEDICAL 20c.	Hour a.m		While at work	Not While at work	factory, street	, office bldg., e	etc.)				
				ins described above	e, held an Au	topsy .	Inspection	X, Inqu	iry 🔲,	and in n	ny opinion
	ath resulte	_	_	Accident 7,	Suicide [. Homici	-	Undetermined	manner 🖸	E	
	(11100			C	HIEF MEDICA	L EXAMINER			_	
ACTU	ATURE K	LUVY	ein		M.D. A	SSISTANT ME	DICAL EXAMI	NER		22. DAT	TE SIGNED
							CAL EXAMINER		6/2	24/6	6
NAME	AINER'S E (Type)	Robert W.	Farr	M.D.	A	ddress (Stree	t, city, town,	or county) C]	nester	town	-Md-
23a. BUR	RIAL, CREMA	TION, 23b. DATE T	HEREOF	23c. NAME OF CEM	ETERY OR CRE	MATORY	23d. LO	CATION (CIty, to	own or count	у)	(State)
100	MOYAL (Spe	16/47	4/66	JANE	CEM		(11 1 1	0 / 31	WN,	0 - 1
24. FUN	ERAL DIREC	TOR		ADDRESS		25a. RE	C'D BY REGIS	TRAR 25b.	ELISTRATES S	SUTANATUR	ee
12	amo	Of Crash	1 Ct	IESTERTU	WW, MO	DATE	12 (1	966		0 0	1

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	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH	
08538	CERTIFICATE OF DEATH	3

1. PLACE OF DEATH	11	2 IISHAI RESIDENC	E (Where deceased live	d If institution:	Residence before	admission)
a. COUNTY		a. STATE		b. COUNTY	recordence below	
	IARYLAND	Marylan	d	Queen Ar	ne's	9
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. CITY OR TOWN (IF	outside corporate il	nits, write RURA	L and give near	est town)
Chestertown 24 1/2	hours	Church	H111		17-2	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stre	et address)	d. STREET ADDRESS				ESIDENCE FARM?
Kent & Queen Anne's Hospital		None				NO 🗌
3. NAME OF First Middle DECEASED	,	Last	4. DATE OF	Month		ear
(Type or print)		Groce	DEATH	6	13 19	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MAR	RIED 🔀 8.	DATE OF BIRTH	9. AGE (II	rthday) IFUNDE		
Male Negro WIDOWED DIVO	RCED	6/12/66.		yrs.	1 24	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY		11. BIRTHPLACE (Co	ounty & State, or foreig	n country) 12. (OUNTRY?	
Infant		Kent Co.	Maryland		JS	
13. FATHER'S NAME		14. MOTHER'S MAID	EN NAME			
John Walter Williams, Jr. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURIT	7/NO 47 H	Joan III	owaymne Gr	oce		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURIT (Yes, no, or unknown) (If yes give war or dates of service)	YNO. 17. II	NFORMANI		Address		
No. None	Hos	pital Reco	rde Ches	tertown.	Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), at		Ted Kee	/ /	N. S. L. W. H. J.	I INTERVAL E	BETWEEN
PART I. DEATH WAS CAUSED BY:	7	1000 Ato	14,1800	ams)	ON ET AN	DEATH
IMMEDIATE CAUSE (a)		VIVICIOI	17]	74.	113
16 X DUE TO	10,000					
Conditions, If any, which (b)	LTV0					
gave rise to immediate cause (a), stating the DUE TO					1 7 3e 1	
underlying course lest						
	BUT NOT RELATE	D TO THE TERMINAL D	ISFASE CONDITION O	IVEN IN PART 1(a		AUTOPSY
ATI	201110111122112		100101101110111		PERF	ORMED?
1 2 1					YES [NO 🗌
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	INJURY OCCURE	RED. (Enter nature of	Injury in Part I or I	art II of Item 1	8.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While Not While	D 20e. PLACE	OF INJURY (Home, fa	rm, 20f. (City or	town) (Co	ounty)	(State)
Hour a.m. While at work at work		, actions, a month aging a				
21. I certify that (I) (this hospital) attended the decease	ad from	6/12	266 40 6/1	3 10	66 that (1)	(wa) lact
saw the deceased alive on 6/13 19 66	b., and that d	leath occurred at_			DATE SIGNED	ed anove.
		ATTENDING 40	P.M. STA		DATE SIGNED	
(fulbrandre	M.D.	PHYS.	DIRECTOR PHY	s.		
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS				
Dr. O. Gulbrandsen		Cheste	rtown, Mar	yland		
23a. BURIAL, CREMATION, 23b. DATE THEREOF, 23c, NAME O	OF CEMETERY O	R CREMATORY	1 23d. LOCATION	(City, sown or c	ounty)	(State)
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME O	Zun /les	I flood	1 /	to to	in)	21
24. FUNERAL DIRECTOR ADDRESS	an in	25%. REC	D'D BY REGISTRAR	25b. REGISTRAL	R'S SIGNATURE	
The state of the s	-110	290. 112	4.0	Melanle	A	77.1
1. W. / norw lielmin	1 .	PATEN	1 0 1966	fuerce	0	
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John Salter Hillans, Jr.

None - Hospi al decorde Glostertonn, 1d.

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Chestertown, Haryland

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 08539 death. funerol s 1 ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o COUNTY b. COUNTY Kent by the fun Pages 1 Maryland MARYLAND Kent c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b tely filled in by the bon popers. Page , within 72 hours a write RURAL and give nearest town) Adult life /4 12 1/2 days Chestertown Chestertown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Oueen Street YES NO K Kent & Oueen Anne's Hospital 3. NAME OF Middle 4 DATE completely f Pon Month DECEASED Kibler 13 66 (Type or print) Wilmer Charles T DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 8 DATE OF BIRTH AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months 8/5/1884 DIVORCED WIDOWED Male White puo 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT physicion of during most of working life, even if retired) OWNEr) COUNTRY? Queen Anne's Co., Md. US Retired-Coal Business buriol, cremotion, or removal, Julia Tucker Charles Wilmer Kibler, Sr. ottending permit. The 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) permit. 32 5739 214 Hospital Records Chestertown, Md. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the buriol-tronsit p ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUF TO **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the hospital or attending stating the underlying couse os the prior to last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO TO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) ot work 6/13 19 66 that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. 6/1 1966 ta at _____, M, fram causes and an the date stated abave. 6/13 19.66, and that death accurred at saw the deceased alive an___ 220. SIGNATURE 3 PHYS. PHYS. director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. A. C. Dick Chestertown, Maryland 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify 6/16/66 Chester Cem. Chestertown, Md. ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Chestertown, Md.

The law requires that the death certificate be executed within 24 hours after death

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08540

CERTIFICATE OF DEATH

08530

1. PLACE OF DEATH 0. COUNTY Kent = MARYLAND Maryland Kent Maryland Maryla
MARYLAND Maryland Kent
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Chestertown d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) Kent & Queen Anne's Hospital 3. NAME OF DECEASED (Type or print) Carey Carey Carey Edwin Lacey Divorced 1/3/1913 S. SEX 6. COLOR OR RACE White Widowed Widowed Widowed Widowed Divorced Divorced 1/3/1913 1/
write RURAL and give necrest town) Chestertown d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Kent & Queen Anne's Hospital 3. NAME OF DECASED (Type or print) Carey Carey Edwin Lacey 6. COLOR OR RACE 7. MARRIED WIDOWED DIVORCED DIVORCED 1. BIRTHPLACE (County & State, or foreign country) Supervisor of Education 13. FATHER'S NAME Pinckney W. Lacey 14. MOTHER'S MAIDEN NAME Pinckney W. Lacey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. NO 17. INFORMANT Hospital Records Chestertown 4. DATE Month Day Hour I Vera I Funct COUNTRY? South Carolina 17. INFORMANT Hospital Records Chestertown, Main Main Records Chestertown 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSE (by IMMEDIATE CAUSE (c) DUE TO Conditions, if any, which gave (b) Wince Address Chestertown INDIERVAL E ONSET AND Conditions, if any, which gave (b) Wince Address Chestertown Address ONSET AND Conditions, if any, which gave (b) Wince Address Cardia Wascaulan class and Chestertown ONSET AND Conditions, if any, which gave (b) Wince Address ONSET AND Conditions, if any, which gave (c) Cardia Wascaulan class and Chestertown ONSET AND Chestertown ONSET AND Conditions, if any, which gave (c) Cardia Wascaulan class and Chestertown ONSET AND C
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Male White WIDOWED DIVORCED 1/3/1913 53 yrs. Months Days Hour Months Days
Supervisor of Education INDUSTRY Supervisor of Education INDUSTRY South Carolina COUNTRY? US 14. MOTHER'S MAIDEN NAME Jenie Bivens S. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes give war ar dates of service) 219 36 6910 IB. CAUSE OF DEATH (Enter anly one couse per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: US 14. MOTHER'S MAIDEN NAME Jenie Bivens 17. INFORMANT Hospital Records Chestertown, Main Cause of Death (Enter anly one couse per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: US INTERVAL E ONSET ANLE Conditions, if any, which gave (b) Was ustuming Candina vaccular displacement of the course of the cour
Supervisor of Education 3. FATHER'S NAME Pinckney W. Lacey 5. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) [(If yes give war ar dates of service)] 16. SOCIAL SECURITY NO. The part I. DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: UMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gave) (b) We was taken for (a), (b), and (c).) Canditians, if any, which gave) (b) We was taken for (a), (b), and (c).) Canditians, if any, which gave) (c) South Carolina US 14. MOTHER'S MAIDEN NAME Jenie Bivens Chestertown, Main Main Main Main Main Main Main Main
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18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: HOSPITAL RECORDS INTERVAL E ONSET AND HOSPITAL RECORDS Chestertown, Mai INTERVAL E ONSET AND LIMMEDIATE CAUSE (o) Duty crand hemorrhage Conditions, if any, which gave) (b) Up meeting we cando vaccular discuss and severe
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PERFORM YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF STITLER NOTICE MEDICAL EXAMINED)
☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City ar town) (County)
20c. TIME OF INJURY Month, Doy, Yeor Haur a.m. 19 While Nat While factory, street, office bldg., etc.)
p.m. 19 ot work of work of work
21. I certify that (I) (this haspital) attended the deceased fram 6/18 , 19 66, ta 6/22 , 1966, that (I)
saw the deceased alive an 6/22 1966, and that death accurred atM, fram causes and an the date stat
ALIENUING COME. CONTRACTOR OF A
M.D. PHYS. DIRECTOR PHYS. DI 6-23-6
22c. PHYSICIAN'S M.D. PHYS. DIRECTOR PHYS. 6-23-6 22d. ADDRESS
M.D. PHYS. DIRECTOR PHYS. 0 6-23-6 22c. PHYSICIAN'S 22d. ADDRESS
22c. PHYSICIAN'S NAME (Type) Dr. Robert W. Farr M.D. PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. Chestertown, Maryland
22c. PHYSICIAN'S NAME (Type) Dr. Robert W. Farr Chestertown, Maryland 23c. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Couply),
M.D. PHYS. DIRECTOR PHYS. G-23-6
22c. PHYSICIAN'S NAME (Type) Dr. Robert W. Farr 23d. BURIAL, (REMATION, REMOVAL (Specify) 6 / 25 / 66 St. Paul 1 Cem. near Chestertown, Md.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, within 72 hours after death **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH CV death. funeral 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND papers. Pages 1 hin 72 haurs after MARYLAND Pages b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) 28 1 hrs. WHYMAN PARK CHESTERTOWN WORTON. .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO Y KENT-QUEEN ANNES HOSPITAS 3. NAME OF Middle pau First 4 DATE Manth Day DECEASED JUNE nan event (Type or print) DEATH 1966 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthdoy) Manths Sept. WIDOWED DIVORCED MALE and 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) and in physician c during most of working life, even if retired)
ELECTRICIAN-RETIR INDUSTRY COUNTRY? STRUCTION PHILADELPHIA. PA AMERIC 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal. MICHEAT. MIGNONA CARMILEA MUCCI 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address permit. (Yes, na, ar unknown) ((If yes give war ar dates of service) 2-8945A HOSPITAL RECORDS CHESTERTOWN, MD burial, crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Canditians, if ony, which gave rise to immediate cause (a), DUE TO as the priar to stating the underlying couse has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS! PERFORMED? CFRTIFICATION USe NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) Hour a.m. foctory, street, office bldg., etc.) Not While of work TO FUNERAL DIRECTOR: After ot wark . 19 66, ta 21. I certify that (I) (this haspital) attended the deceased fram. 19_66 that (I) (we) last director, page 3 shauld shauld be filed with the 19 66, and that death accurred at 6.40 My fram causes and an the date stated above. saw the deceased alive an 6/06 22b. DATE SIGNED 22o. SIGNATURE DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) CHESTER TOWN. MARYLAND 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City or Town) 23a. BURIAL CREMATION (County) (State) REMOVAL (Specify) 30-66 Fernwood Cemetery Lansdowne Del Entombmen 2Sb. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR **ADDRESS** 2Sq. REC'D BY REGISTRAR Still Pond, Md VR A15 (4)

be executed within 24 hours after death. requires that the death certificate **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital ar attending physician.

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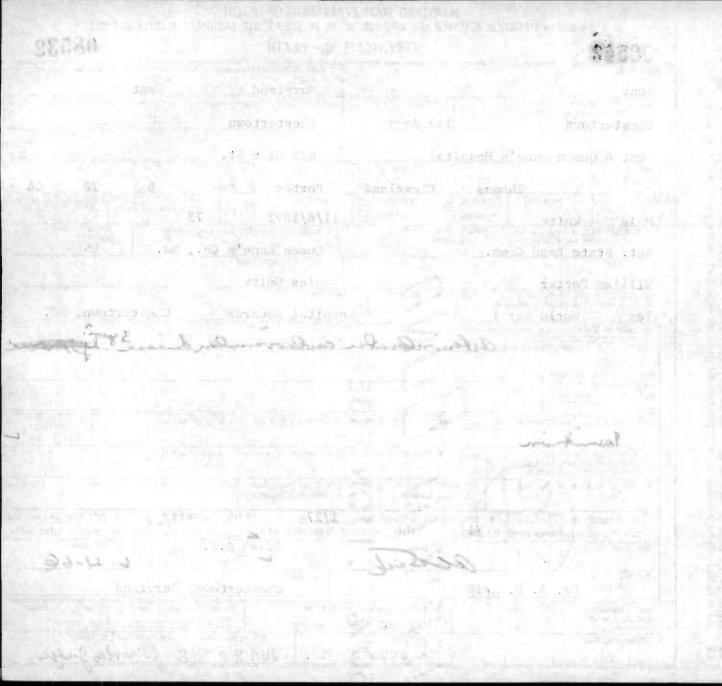
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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o. COUNTY					Where deceosed lived, if institution	
Kent			MARYLAND	o. STATE Maryland	b. COUNT Ken	
b. CITY OR TOWN	(If outside corporate limits	, c. l	ENGTH OF STAY IN 1b		utside carporote limits, write RURA	
Chester	d give nearest tawn)	1/4	3 days	Chastert	own aduli	t life /4 - /
d. NAME OF HOSPIT	TAL OR INSTITUTION (If no	t in hospital, give st	reet oddress)	d. STREET ADDRESS	OWIL	I e. IS RESIDENCE
	Oueen Anne's			616 High	St.	ON A FARM? YES NO 1
NAME OF	Fir		Middle	Lost	4. DATE Month	Day Year
DECEASED (Type or print)	Th		Cleveland	Porter	OF DEATH 6	20 19 66
. SEX	6. COLOR OR RACE	7. MARRIED 🔀		B. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS.
Male	White	WIDOWED	DIVORCED	11/8/1892		Months Doys Hours Min.
o. USUAL OCCUPATIO	N (Give kind of wark dane	10b. KIND OI	F BUSINESS OR		& Stote, or foreign country)	12. CITIZEN OF WHAT
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William	POTTET	14 50014	L SECURITY NO. 17.	Mina Smit	Addres:	
res, no, or unknown)	ER IN U.S. ARMED FORCES? (If yes give wor or dotes o	service) 220) 00 1011	INFORMANI	Address	
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PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE			cardiovo	melay dies	3 8 ONSET AND DEATH
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rise to immedio	te couse (o), (
last.	anying coose	(c)				
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200. ACCIDENT WA	AC HAIDEDLYING T	20h DESCRIP	E HOW INITIDY OCCUPATO	(Enter noture of injury in	Port Lor Port II of item 10.1	YES NO
OR CONTRIBUTING	CAUSE OF DEATH	ZVD. DESCRIB	E HOW INJURY OCCURRED.	criter noture of injury in	Port I or Port II of item 1B.)	
	MEDICAL EXAMINER)					
20c. TIME OF INJ Hour o.	URY Month, Doy, Yeor	20d. INJURY While		CE OF INJURY (Home, form tory, street, office bldg., etc.		(County) (Stote)
p.	m. 19	ot work	of work			
21. I cert	ify that (I) (this hos	oital) attended	the deceased from_	1/27	19 66 to 6/20	, 19 <u>_66</u> , that (I) (we) las
saw the d	leceased olive on	6/20	1966 , and the	it death occurred at	M, fram causes a	and on the date stated above
22o. SIGNATURE				12:	45 A.M.	22b. DATE SIGNED
		al	Sil M	D. PHYS.	MED. STAFF DIRECTOR PHYS.	6-21-66
22c. PHYSICIAN'S	S	000	- 36	22d. ADDRESS	DIRECTOR ES TITOS.	0 4-06
NAME (Type		Ditak		Ches	tertown, Maryl	and
30. BURIAL, (REMATI			c. NAME OF CEMETERY OR		23d. LOCATION (City or Town	
BELL 18 1						
	- / /	00 10	hester Cen		Chestertow	n, Md.
24. FUNERAL DIRECTO	10.11	10 01	ADDRESS		D BY REGISTRAR 2Sb. REG	
	11111111	11/1 / 61	esterrown.	MIC DATE	1 1 1 TOE'E 1//2	LOUIS . VIALAB

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and concluded filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please seasove carban papers. Pages be should be tiled with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death Poge 4 may be retained by the hospital or ottending physician.

VR A15 (4) 20 M 1/66



FOR STATE!

file pages 1 and 2 with the State Department and in any event within 72 hours after death.

08543

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	b. CITY OR TOW write RURAL R.F.D.WO:	ent County, N (If outside corporate illred give nearest town) rton, Maryla	nits, c. LENGTH OF STAY IN 1	a. STAT Mar c. CITY OR TOWN (R. F. D. WO	orton, Mar	b. county Imits, write RUR	RAL and give i	naarast town) S RESIDENCE ON A FARM?
0	3. NAME OF		NIA-1		4. DATE	Month	YES Day	Yaar
Ö	DECEASED (Type or print)	First Rufus	Middle Howard	Potts	OF DEATH	6	21	1966
7	5. SEX	6. COLOR OR RACE 7. N	MARRIED NEVER MARRIED		9. AGE (I	n years IFUND		UNOER 24 HRS.
	Male	Colored W	IDOWED DIVORCED	2/28/195	1 15	уга.		lours Min.
	10a. USUAL OCCUPAT during most of work	ION (Give kind of work dona ing lifa, even if ratired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign coun	try) 12.	COUNTRY?	
		Student		Marylan			U.S.	A .
	The second second	rd Potts		Violet				
7		EVER IN U.S. ARMED FORCES (If yes give war or dates of serv	37 16. SOCIAL SECURITY NO. 1	7. INFORMANT	nynoon	Address		
	(Yes, no, or unkown)	(If yes give war or dates of serv	None N	rs Violet	Potts Wo	rton.M	arvla	nd
0 4	Conditions, if gave rise to causa (a), s undarlying cause PART II. OTHERS 20a. EXTERNA PRIMARY 20 or CAUSE OF DEAT 20 or TIME OF STREET 20 or TIME OF STREE	ATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO (b) Eating tha to last. (c) EIGNIFICANT CONDITIONS CONTRIBUTING H. INJURY Month, Oay, Year m. 6/21 166 In that I took charge of	While Not While at work the remains described above,	ELATEO TO THE TERMINAL CCURREO. (Enter nature Ve PLACE OF INJURY (Home, clory, street, office bldg., highway held an Autopsy,	of Injury In Part I or farm, 20f. (City or etc.) Inspection X,	GIVEN IN PART 1	shotst highwa (a) 19. W P YES 18.) County) Cent	
シグと	ACTUAL SIGNATURE EXAMINER'S NAME (Type)	Robert W. Robert W. Addition, 23b. Date there ecify) 6/25/196 ector	Farr M.D. EOF L23C. NAME OF CEMET	CHIEF MEDIC M.D. ASSISTANT M DEPUTY MED Address (Stre ERY OR CREMATORY Cemetery 25a. R	AL EXAMINER DECICAL EXAMINER SECTION OF COUNTY STATE OF THE PROPERTY OF THE PR	inty) Ches (City, town or orton, N 25b. REGISTR	6/2/ sterto	(State) nd

VR ALSME (5)

TO DEPUTY MEDI

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, of Health or its designated agent, prior to burial, cremation, or removal,

O DEPUTY MED. EXAMINER: This certificate should be executed within 24 hours after death. If any delay ecessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

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PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 CERTIFICATE OF DEATH funeral 24 hours after PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission e. COUNTY COUNTY by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) ģ writa RURAL and giva, naarest town) filled in E after 20 0 Pages within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS a. IS RESIDENCE hours ON A FARM? YES NO completely papers. 3. NAME OF First Middle Last 4. DATE Month Dev Van 72 DECEASED OF DEATH (Typa or print) 106 within carbon AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 7. MARRIED NEVER MARRIED and last birthday) Months Days WIDOWED DIVORCED physician remove 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Giva kind of work (County country done during most of working life, even if ratired) OUSEN 13. FATHER'S NAME MOTHER'S MAIDEN NAME death aftending 16. SOCIAL SECURITY NO. | 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? levor (Yas, no, or unkown) | (If yas give war or datas of servica) that the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 6 Wearles IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, if any, which gava risa to immadiata cause DUE TO (a), stating the underlying causa last. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate CERTIFICATION PERFORMED? as 0 YES NO R prior use 20b. DESCRIBE HOW INJURY OCCURRED. (Enter natura of injury in Part I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH for Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached CAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, ! 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stata) factory, straet, offica bldg., atc.) While Not While Hour a.m. to o at work at work DIRECTOR: 1966..., that (I) (we) last 19...., 21. I certify that (I) (this hospital) attended the deceased from. 196. C., and that death occurred at 2.4.M, from the causes and on the date stated above pinous saw the deceased alive on... 22b. DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D. TO HOSPITAL FUNERAL page with t 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) director, CEMETERY OR CREMATORY (State) LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. 23d. esl 25a. REC'D BY 25b REGISTERAL'S SIGNATURE 1866 VR A15 (4)

OF HEALTH

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FOR STATE HEALTH DEPT.

lay is necessary, I 3 to the funeral Page 5 may be Department after death. funeral may be State hours and 3. 2 with within form 24 hours after death. I n Item 18. Give Pages Office along with forn and ges Pag. File .= permit. removal, d be executed within "pending" in pencil ii Examiner burial-transit cremation, or Medical **EXAMINER:** This certificate should Word CO used as to burial, be Pd 3 shou agent, the certificate, 4 should be forward CTOR: Page designated DIRECTOR: execute the r. Page 4 s d for your t 0 FUNERAL I please ex director. retained f

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY Talbot Kent Maryland MARYI AND b. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town)

Chestertown c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b days Easton d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? 711 Howard St. Kent & Queen Annes General NO. YES Month NAME OF Middle Last 4. DATE First DECEASED 1966 Esther Smith Juna 21 Pauline DEATH (Typa or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Months | Days | Hours | Min. 6. COLOR OR RACE | 7. MARRIED NEVER MARRIED DATE OF BIRTH Nov 3 1931 WIDOWED J DIVORCED [12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) 10a, USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? INDUSTRY USA Nurse Hospital Philadelphia Pa. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bertha Mitchel Harold Hartman 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) 18 8918 Hospital Records Chestertown. Md. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: hours Cardiac arrest IMMEDIATE CAUSE (a) Probable coronary thrombosis 36 hrs DUE TO Conditions, If any, which (b) gave risa to Immediate During induction of anesthesia durk for DUE TO cause (a), stating the surgical procedure, not performed underlying cause last. WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? YES [NO -20a. EXTERNAL CAUSE WAS PRIMARY OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) see above MEDICAL 20d, INJURY OCCURRED 20f. (City or town) (Stata) 20e. PLACE OF INJURY (Home, farm, (County) 20c. TIME OF INJURY Month Day, Year Hour 9a.m. factory, street, office bldg., etc.) Not While 1966 at work at work Chastertown Kent hospital 21. I certify that I took charge of the remains described above, held an Autopsy [Inspection -, inquiry and in my opinion Undetermined manner Natural causes Accident x , Suicide Homicide death resulted from: CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SIGNATUR DEPUTY MEDICAL EXAMINER Chestertown. Kent EXAMINER'S Robert W. Farr Address (Street, city, town, or county) NAME (Type) Maryland 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Removed to Anatomy Board Of Md. Baltimore, Md. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Marley Chestertown, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1		LACE OF DEATH D. COUNTY Kent		WE A	MARYLAND	2. USUAL RESIDENCE o. STATE Marylan	,	b. COUNTY			n)/
	b	. CITY OR TOWN (If outside corporate limi	ts,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporote				
		Chester	give nearest tawn)		107 days	Sudlers	ville		17	- 2	
	C	. NAME OF HOSPIT	AL OR INSTITUTION (If n	at in haspital, g	give street address)	d. STREET ADDRESS				e. IS RESID ON A FA	ENCE RM2
7		Kent & (ueen Anne'	s Hospi	tal	none					NO 🔀
		NAME OF DECEASED	1 1 000	irst	Middle	Lost	4. DATE OF	Month	Day	Yea	er
	(Type or print)		lter	≓Watts	Stant	DEATH	6	23		66
	S. S		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		last birthday)	IF UNDER 1 YEAR Manths Days	Hours	Min.
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	durii	ng mast af warking	(Give kind af wark dane life, even if retired) of M11k P1	IN	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (Cour			12. CITIZEN O COUNTRY?		
	13.	FATHER'S NAME				14. MOTHER'S MAIDE	N NAME	11.10	^		
			ELLUS .	MATC		HENRIE	TTA	VAN =	THAC	100	
	1S. (Yes	WAS DECEASED EVE s. na. or unknown)	R IN U.S. ARMED FORCES? (If yes give war or dates	of service) 16. :	SOCIAL SECURITY NO. 17	. INFORMANT		Address			
		Vo		1 0 0	16-07-7161	Hospital R	Records	Ches	stertown	, Md	
		PART I. DEA 142 Conditions, if any rise to immediat stoting the unde last.	, which gave e cause (o), rlying couse	(a) (b) (c) (c)		g paroli	Offen 6) Zwetz	Ani Co	ERVAL BETN ISET AND DI	EATH OF THE PARTY
5	ATION	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE (CONDITION GIVEN	IN PART 1(o)		WAS AUTO PERFORME	PSY ED? NO []
	CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury	in Part I or Part I	l of item 18.)			
	MEDICAL	20c. TIME OF INJI Hour a.i	10	20d. IN While at wark	☐ Nat While ☐	LACE OF INJURY (Home, fo actory, street, affice bldg., e		(City or town)	(County)	2)	Stote)
			fy that (I) (this ho eceased alive on_		ded the deceased fram 19 <u>66</u> , ond t	hot death occurred		6/23 from couses or	, 19 <u>66</u> , tl nd on the da		
		22a. SIGNATURE		aci	Sick	M.D. PHYS.	15 A.M. MED. DIRECTOR	STAFF PHYS.	22b. DATE SIGN	23°6	66
		22c. PHYSICIAN'S NAME (Type		C. Dick		22d. ADDRESS Ches	tertown	, Marylar	nd		
	23o.	BURIAL, CREMATIC	A .	E 26	SUDLERS			ITION (City or Town LERSVIL		41	tate)
1	24	FUNERAL DIRECTO	1	duna	ADDRESS	2So. RE	C'D BY REGISTRAI		STRAR'S SIGNATU	RE	Holl
7	-	deson	11 Vame	CHUR	UH HILL	DATE	JUN 28	1966	- Land	Luca	9

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please femaly carban papers. Pages 1 gad-2 shauld be filed with the State Dept. af Health priar ta burial, cremation, ar remaval, and in any event, within 72 hours ofter death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

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executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	A STATE OF THE STA	av I Carlottat	Contract de la contra	CERTIFICATI	E UF DEATE		H29937		110		
1.	PLACE OF DEATH	H			2. USUAL RESIDENCE	CE (Where deci	eased lived. If ins	titution: I	Residence	before ac	mission)
	a. COUNTY				a. STATE		b. COUN				
	, k	ent		MARYLAND	Mo	d.		Ke	nt		
	b. CITY OR TOW	N (if outside corpora	ate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corp	orate limits, wr	Ite RURAI	and gly	e neares	t town)
		and give nearest to	wn)		Md 1 2 da mb as			1	11		
L	Millingto:				Millington	er		/	4 1	10.050	IDENOE
	d. NAME OF HOS	SPITAL OR INSTITUTI	ON (If not In h	ospital, give street address)	d. STREET ADDRESS				6	ON A	IDENCE
				THE RESERVE OF						ES T	Access 19
_											
3.	NAME OF DECEASED	F	irst	Middle	Last	4. DATE	Monti	1	Day	Ye	
	(Type or print)	Id	a	Florence	Taylor	DEATH	Jt	ine	3,	19	66
5.	SEX	6. COLOR OR RACE	7. MARRIED		B. DATE OF BIRTH	9.	AGE (In years	IF UNDER	1 YEAR	FUNDE	24 HRS.
							last birthday)	Months	Days	Hours	Min.
	emale	White	WIDOWED		July, 6, 1878		yrs.				
108	. USUAL OCCUPAT	ION (Give kind of work ing life, even if retire	kdone 10b. K	IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (C	ounty & State,	or foreign country) 12. 0	OUNTRY	F WHAT	
Jul	Housewif	ing inte, even it fetile	Ho		Va.				A.		
12	FATHER'S NAM		110	me .	14. MOTHER'S MAIL	OFN NAME		010			
13.	. FAIRER S NAM	i.									
7	Thomas Yo	ung.			Mary Jane	Whealto	n				
		EVER IN U.S. ARMED F		SOCIAL SECURITY NO. 17.	INFORMANT		Addres	SS			
		(If yes give war or dates	of service)	26	D 43 (I		3/2 7 7 2 -		M.J	916	61
No		<u>L</u>			s.Dorothy Co	ompton,	Millin	igron		market and the same	
	18. CAUSE OF	DEATH [Enter only or	ne cause per l	ine for (a), (b), and (c).]	ING TO THE ST		0 0			T AND	
	PART I. DE	EATH WAS CAUSED B	Y:	amaine aposta	- inte to	0 /	bleed!	ما	1/	7 4	JEATH
	151	IMMEDIATE CAUSE	E (a)	assion garri	- (ws -	uo-		1		1	2 4
	10/1	DUE	TO (lo at					13.	10.	
	Cenditions, If		(b) (b)	unce of si	omoch	-			9	year	
	gave rise to		E TO								
	cause (a), st underlying caus	tating the									
2			(C)	ITINO TO DESTUDUT NOT DEL	TED TO THE TEDAL NAL	DISCASE CONF	DITION OLUTA IN	DART 1(a)	110	WAS AL	Vegot
9	PARTIL DIMERS	SIGNIFICANT CONDITI	IONS CONTRIBU	JTING TO DEATH BUT NOT RELA	TED TO THE TERMINALT	DISEASE CONL	JITION GIVEN IN	PART I(a)	19.	PERFOR	MED?
CA									YE	S \square	NO 🖂
CERTIFICATION	20a. ACCIDENT	WAS UNDERLYING	1 20b.	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	f Injury In Pa	rt I or Part II o	f Item 18	3.)		
E	OR CONTRIBUTI	ING CAUSE OF DEATIFY MEDICAL EXAM	ATH								
S		INJURY Month, Day,	Year 20d. I	NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fa ry, street, office bldg., e	arm, 20f. (City or town)	(Co	unty)	(3	state)
MEDICAL	Hour a.r		While at worl	Mot while —	17, 30 000, 011100 0108., 0	,,					
2					00110	-6-6	11 7		2/ 11	1 /1 /	V look
	21. I certif	ly that (I) (this hos		ed the deceased from +	ek 10, 1	966, to_	· June 3		26, th		
	saw the dec	ceased alive on	12W, 10	19 66, and that	death occurred at_	M, fro	m the causes				above.
	22a. SIGNATUR	RE (1)	1			No. of the last		22b.	DATE SIG	NED	
		(1)	Len	Olevely - M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF	65	.66	,	
	22c. PHYSICIA	N'S	7 4	14.2	22d. ADDRESS	DIRECTOR L	J 11110.		- 1	-	
	NAME (T)		ralewsk	i. M.D.	Millingto	on. Md.	21651				
	1		M - M - M - M - M - M - M - M - M - M -								
238	BURIAL, CREM	MATION, 23b. DATE	THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LO	CATION (City, to	own or co	unty)	(\$	ate)
Bu	PEMOVÁL (Spe	June 7	.1966	Millington C	emetery	Milli	ington,	Kent	Co;	M	id.
	FUNERAL DIRE	1 -	11	ADDRESS //		C'D BY REGIS		EGISTRAF	'S SIGN	ATURE	
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